VACCINES ARE NOT SAFE OR EFFECTIVE

by Physicist Gary Wade (11/17/07)

Vaccines are a major cause of health problems and disease. The mass vaccination of the population is an example of the triumph of false advertising hype and lobbying by drug companies over factual information about vaccines that if honestly presented would end vaccinations. The rampant explosion of autism, going from approximately 1 in 5,600 to 1 in 150, associated with the large number of mandatory vaccinations for children, should be enough in an honest society to shut down the vaccine industry and convert all the profits and all the assets of the drug companies into compensation to the families of those injured by the vaccines.

I am now going to list the common problems associated with vaccines in general. I will then document these problems by close examination of specific commonly used vaccines, many of which are given in "mandatory" vaccinations by pediatrician to defenseless infants and children.

Items (problems):

1) Vaccinations give at best only limited short term protection against the disease they are intended to protect against.
2) Vaccines commonly cause / give the disease that they are suppose to protect against.
3) Vaccines are commonly contaminated with other live viruses and bacteria which cause many other illnesses and diseases shortly after the vaccination and up to many years later.
4) Vaccines contain large numbers of poison chemical compounds and toxins, which can cause adverse reactions, e.g. sickness, disability, and death, particularly in infants.
5) Doctors and public health officials regularly lie to parents and the general public about vaccine effectiveness and safety.

Item 1 and 2:

a) Polio vaccine - The polio death rate in the United States declined on its own by 47% from 1923 to 1953. A similar decline occurred in European countries as well.(43) There is no credible evidence that the polio vaccines caused polio to disappear.(44) When the polio vaccines became available (Salk vaccine 1955 and Sabin 1959) many European countries questioned their effectiveness and refused to systematically inoculate their populations. Despite these refusals to use the vaccines, polio epidemics also ended in these countries.(45)

The number of reported cases of polio following mass inoculations with the Salk vaccine jumped dramatically.(46) For example, when comparing the number of polio cases over a one year period just prior to the Salk vaccination to a one year period just following the vaccinations, we have: Vermont (266% increase), Rhode Island (454% increase), New Hampshire (239% increase), Connecticut (92% increase) and Massachusetts (642% increase).

Doctors and scientists at the National Institutes of Health knew the Salk vaccine was ineffective and deadly: "worthless as a preventive and dangerous to take".(47) Dr. Salk stated: "When you inoculate children with a polio vaccine you don't sleep well for two or three weeks".(48) The U. S. Public Health Service was coerced by the National Foundation for Infantile Paralysis and pharmaceutical companies which had large investments in the vaccine, into signing a false proclamation claiming the vaccine was safe and 100% effective.(49) Recall the Tuskee, Alabama, syphilis experiments carried out by the U. S. Public Health Service and you will have no trouble believing the total lack of integrity in that agency. In 1976, Dr. Salk testified that his vaccine was "the principal if not sole cause" of all reported polio cases in the United States since 1961.(59**) The Centers for Disease Control (CDC) currently admits that the live-virus vaccine of Dr. Sabin is the over whelming cause for essentially all polio since 1983**.(51,52)

Polio is a contagious disease caused by an intestinal virus that may attack nerve cells of the brain and spinal cord. Symptoms include fever, headache, sore throat, and vomiting. Some victims develop neurological complications, including stiffness of the neck and back, weak muscles, pain in the joints, and paralysis of one or more limbs or respiratory muscles. In an apparent attempt to make the Salk polio vaccine and later the Sabin oral vaccine seem successful against polio, the definition of what constitutes a polio case and a polio epidemic were changed.(53,54) The net effect of this deception was to make the vaccine look like a great success story. For example, aseptic meningitis, an infectious disease often difficult to distinguish from polio, was now under the new polio definition more often reported as a separate disease from polio after the Salk vaccine was introduced. In Los Angeles County in July 1955, before introduction of the Salk vaccine, there were reported 273 polio cases and 50 aseptic meningitis cases, for a total of 323 cases. In Los Angeles County in Sept. 1966 after the Sabin oral vaccine was introduced, there were reported 5 polio cases and 256 aseptic meningitis cases, for a total of 261 cases. The true cause for the near disappearance of polio seems to be safe water supplies and generally better personal hygiene habits for the general population.

Before finishing up this corruption story of the polio vaccination program, we should note the contributions to the number of polio cases made by the utterly corrupt behavior of the corporate user class which owns and runs the sugar "food" industry. I quote here directly from Vaccines: Are They Really Safe And Effective, by Neil Z. Miller. (Note: Ignore the reference numbers)

"In 1948, during the height of the polio epidemics, Dr. Benjamin Sandler, a nutritional expert at the Oteen Veterans' Hospital, detailed a relationship between polio and an excessive consumption of sugars and starches. He compiled records showing that countries with the highest per capita consumption of sugar had the greatest incidence of polio. He claimed that such "foods" dehydrate the cells and leech calcium from the nerves, muscles, bones, and teeth. A serious calcium deficiency precedes polio (22).

"Researchers have always known that polio strikes with its greatest intensity during the hot summer months. Dr. Sandler observed that children consume greater amounts of ice cream, soda pop, and artificially sweetened products in hot weather. In 1949, before the polio season began, he warned the residents of North Carolina (through the newspapers and radio) to decrease their consumption of these products. During that summer North Carolinians reduced their intake of sugar by 90 percent and polio decreased in that state in 1949 by the same amount. (The North Carolina State Health Department reported 2,498 cases of polio in 1948 and 229 in 1949). (23, 24)

"Note: One manufacturer shipped one million less gallons of ice cream during the first week alone following the publication of Dr. Sandler's anti-polio diet. Coca Cola sales were down as well. But the powerful Rockefeller Milk Trust, which sold frozen product to North Carolinians, combined forces with the Coca Cola power merchants and convinced the people that Sandler's findings were a myth and the polio figures a fluke. By the summer of 1950 sales were back to ordinary levels and polio cases returned to "normal" during that year." (25)

b) Diphtheria vaccine - An upper respiratory disease, diphtheria is contagious and caused by a bacteria. In the United States, from 1900 to 1930, years before the diphtheria vaccine was introduced, a greater than 90 percent decline in reported deaths from diphtheria had already occurred.(55) The disease is generally conveyed by direct contact with the diphtheria germ. Thus, diphtheria is readily controlled through simple sanitary measures.(56) And some researchers attribute the diphtheria decline to increased nutritional and sanitary awareness.(57,58)

In 1939 Germany began compulsory vaccinations for diphtheria. Following this country-wide vaccination program Germany had a diphtheria epidemic of 150,000 cases.(59) After the German occupation of France, France was forced to have a mass diphtheria vaccination program and France suffered a diphtheria epidemic in 1943 of 47,000 cases following the vaccinations.(60) In nearby Norway, which refused vaccinations, there were only 50 diphtheria cases in 1943. (61)

The Bureau of Biologics and the FDA in 1975 concluded: 1) That diphtheria toxoid "is not as effective an immunizing agent as might be anticipated". , and 2) Diphtheria may occur in vaccinated individuals, and noted that "the permanence of immunity induced by the toxoid ... is open to question".(62) Now in light of the above historical information on the lack of success of diphtheria vaccination programs and their linkage to diphtheria outbreaks, can you see what a self-serving understatement these 1975 pronouncements are?

c) Measles vaccine - Caused by a virus, measles is a contagious disease that affects the respiratory system, skin, and eyes. Treatment usually consists of allowing the disease to run its course. In populations newly exposed to measles, serious complications among adolescents and young adults increase, thus raising mortality rates.(63) This was a fact well known and used by our immoral and criminal forefathers in the U.S. military when they supplied measles contaminated blankets, as well as small pox contaminated blankets to native American peoples. However, most cases of measles are not serious, especially when large numbers of the past population have already been exposed to the germ.(64,65)

There were 13.3 measles deaths per 100,000 population in 1900. That death rate had declined by 97.7% to .03 deaths per 100,000 in 1955.(66) Eight years later in 1963 a measles vaccine was developed and mass vaccinations soon began. The death rate from measles in the mid-1970's after mass vaccination remained exactly the same as in the early 1960's before the measles vaccine.(67)

The chances are about 14 times greater that measles will be contracted by those vaccinated against measles than by those who are left alone.(68) There is considerable question as to whether there is any effective immunity with the measles vaccination. In some measles outbreaks over 95% of cases had previously been vaccinated against measles.(69) 58% of the U.S. school age children that contracted measles in 1984 had previously been vaccinated for measles.(70) 80% 0f the reported 1,984 cases of measles in 1985 were of people who had been previously vaccinated against measles.(71) There are more recent measles outbreaks reported where essentially 100% of the cases were previously vaccinated against measles.(72)

d) Rubella vaccine - When contracted by children Rubella, a contagious virus disease, is usually so mild it often escapes detection. However, if a pregnant woman develops the disease during her first trimester, her baby may be born with birth defects. These include impaired vision and hearing, limb defects, mental retardation, and heart malformations.

It is not necessary to protect children from this harmless disease, and it confers natural immunity to those who contract it so they are unlikely to experience a recurrence as adults. In one study at the University of Pennsylvania School of Medicine, 36 percent of adolescent females who had been vaccinated against Rubella lacked serological proof of immunity.(73) In general 25% of the people vaccinated for Rubella show no evidence of immunity within five years following their Rubella vaccinations.(74) In a Casper, Wyoming Rubella epidemic 73% of the cases occurred in Rubella vaccinated children.(75) In a study from Australia, it was reported that among the reported cases of Rubella, 80% of all army recruits who had been vaccinated for Rubella just four months earlier still contracted Rubella.(76)

A recent survey of sixth graders in a well - vaccinated urban community revealed that about 15% of this group was still susceptible to Rubella.(77) Nearly 85% of the population was naturally immune to Rubella before the Rubella vaccine was available.(78) So where is the so called benefit of this and other vaccines? Perhaps we will have to look in corporate bank accounts and allopathic medical doctors' bank accounts to find the only true benefits of vaccines.

e) Mumps vaccine - Mumps is a contagious viral disease which attacks the salivary glands. Mumps is rarely serious and usually clears up in about ten days. Mumps is rarely harmful in childhood, and almost always confers life long immunity.
Recent studies show that mumps occurrence among persons previously vaccinated for mumps is common.(79)

f) Tetanus vaccine - Tetanus is a bacterial spore caused disease associated with the spores trapped in aerobic conditions inside improperly cleaned wounds. After contraction of tetanus, the death rate is over 50% if not treated and around 20% when properly treated.(80)
The incidence of tetanus has been steadily declining due to increased attention to wound hygiene.(81) In the American civil war there were 205 cases per 100,000 wounds, as compared with .44 cases per 100,000 wounds in World War 2.(82)
There is no credible scientific evidence indicating how often tetanus boosters are required or whether they are required at all" .(83) In fact, government statistics show that until the last few years, 40 percent of the child population was not protected. Yet infection rates from tetanus continued to decline".(84)

g) Pertussis vaccine - Pertussis is a contagious bacterial caused respiratory system disease. It is also known as whooping cough. The disease is rarely fatal and there is no specific allopathic treatment for pertussis.(85,86)
In the United States from 1900 to 1935 the death rate from pertussis declined by 79% .(87) The incidence and severity of whooping cough had continually declined long before the introduction of the pertussis vaccine in 1936.(88) Studies show that the effectiveness of the pertussis vaccine is in the 40% to 45% range.(89) However, this poor level of population vaccine induced immunity is not sustained. Twelve years after receiving the full series of pertussis vaccinations, susceptibility to coming down with the disease is around 95% .(90) In an epidemic in 1978, 54% of the cases had been fully vaccinated against the disease.(91) In an epidemic in 1984, 49% of the cases had been fully vaccinated.(92) In 1984 the CDC reported that approximately 46% of the pertussis cases in the U. S. that year had been fully vaccinated.(93) In an epidemic in 1986, in Kansas, of the patients whose vaccination status was known, 90% were fully vaccinated.(94)

h) Smallpox vaccine - I will quote here directly (pages 45 and 46) from the book: Vaccines: Are They Really Safe And Effective, by Neil Z. Miller. This is an excellent, must read book. (Note: Ignore Ref. No.s)

"Smallpox: Official statistics from many countries indicate that smallpox (and other communicable diseases) were declining before vaccination programs were enforced. This may be attributed to the sanitation reforms and nutritional teachings instituted around the mid - 1800's. For example, water supplies were protected from contamination, streets and stables were cleaned, sewage was removed, and food was delivered while still fresh (156). However, once smallpox vaccinations became mandatory, deaths from the disease steadily increased. In fact, records in several countries show that nearly every contagious disease - plague, cholera, dysentery, measles, scarlet fever, whooping cough - except smallpox (kept alive by mandatory vaccinations), declined in number and severity on its own (127).

"Before England passed a compulsory vaccination law in 1853, the highest death rate for any two year period was only 2,000 cases, even during the most severe epidemics (158). (Jenner himself admitted that smallpox was relatively unknown before he began his vaccinations (159). In fact, there were only a few hundred cases of smallpox in England at that time)(160). After more than fifteen years of mandatory vaccinations, in 1870 and 1871 alone more than 23,000 people died from the disease (161). In Germany, over 124,000 people died of smallpox during the same epidemic. All had been vaccinated (162). In Japan, nearly 29,000 people died in just seven years under a stringent compulsory vaccination and re - vaccination program (163). In Italy, during the late 1800's, mandatory vaccinations were required, but only in the army were they thoroughly enforced. The smallpox death rates in Italy at that time, for men and women under 20 years of age, were equal. But the smallpox death rate for men in the army (20-30 years old) was disproportionately greater than for women of the same age (164). Compare these devastating figures to Australia, where the government terminated compulsory vaccinations when two children died from their smallpox shots. As a result, smallpox virtually disappeared in that country (three cases in fifteen years) (165).

"Every examination of the facts indicates that the smallpox vaccine was not only ineffective but dangerous. Undoctored hospital records consistently show that about 90 percent of all smallpox cases occurred after the individual was vaccinated (166). "Deaths certified as due to vaccination ... have several times outnumbered those from smallpox." - Dr. Millard, Medical Officer of Health (167). But hospital records often were doctored, and death certificates were falsified when patients died of smallpox after vaccination (168). "The credit of vaccination is kept up statistically by diagnosing all the (cases of smallpox after vaccinations) as pustular eczema (or anything else) except smallpox." - London Health Official (169).

"There is a direct relationship between the percentages of babies vaccinated and the number of smallpox deaths: the higher the percentage, the greater the fatalities. In other words, deaths from smallpox tumbled only after people refused the shots (170).

"Multiple vaccinations against smallpox were common. However, a study published in 1980 by Mutation Research showed that children who were re - vaccinated against smallpox had "chroomosomal aberrations in their white blood cells." The authors of this study concluded that smallpox vaccination has a "mutagenic effect" on human chromosomes (171). (For more information on vaccines and Genetic Mutations, see the section on this topic.)

"Note: James Phipps, the eight - year - old boy initially vaccinated by Jenner in 1796, was re - vaccinated 20 times, and died at the age of twenty. Jenner's own son, who was also vaccinated more than once, died at twenty - one. Both succumbed to tuberculosis, a condition that some researchers have linked to the smallpox vaccine (172).

"Give no deadly medicine to anyone." - Hippocrates "

Do you like to be lied to? Do doctors that lie to you about the safety and effectiveness of the vaccine they are going to give to you or your loved ones deserve your respect or your utter contempt? What must we as a nation do to the allopathic medical establishment, so as to secure righteous retribution for their crimes?

Items 3 and 4:

a) Polio vaccine - The Salk polio vaccine provides an excellent example of what has and can go wrong with live virus vaccines. Even though no medically literate doctor uses the Salk vaccine anymore, there are tens upon tens of millions of people alive right now who were given the Salk vaccine. Here is a description of how the Salk vaccine was made, I quote directly from The Vaccination Inquirer, published in England:

"Modern Methods of Production.

"Whilst some of the older methods are still being used, tissue culture techniques are replacing a number of them. The vaccinia virus can readily be grown in tissue cultures made from chick embryos, and most viruses can be grown on chopped tissue dropped or suspended in a nutrient medium. A general outline of the technique for growing vaccine virus for polio - myelitis is now given.

"Polio Vaccine

"Rhesis monkeys are infected with the virus of infantile paralysis and when they are paralyzed they are killed.

"Then the kidneys are removed. These are immediately decapsulated and chopped up into small pieces and placed into a nutrient medium. A pre - warmed solution of trypsin (a digestive enzyme) is added and the mixture is stirred. About 20 minutes later he fluid is discarded and another solution of trypsin is added. After a further 20 minutes the solution is decanted into sterile tubes. A 2% calf serum in nutrient medium is added, and eventually a portion of the stock virus preparation is introduced. The cultures are replaced in the incubator and degeneration of the cells due to the virus becomes apparent within two or three days. All the material is pooled and the cell debris is allowed to settle in the cold. The supernatant fluid is carefully decanted off and filtered. It contains the crude virus preparation. In the case of Salk vaccine Formalin is then added to kill the viruses. Samples are then dialysed free of Formalin and tested in tissue culture for living virus.

"The general form of preparation of other vaccines is similar and when living virus vaccines are required the killing stage is omitted.

"A brief account of the original isolation of the virus may be of interest:

"Viruses are isolated simply by preparing a bacteria - free suspension of infected material and exposing susceptible cells to it. As an example the isolation of poliomyelitis virus from feces will be described. A 1 / 10 suspension of a specimen of feces is prepared by stirring it in B. S. S. (a balanced salt solution) with a glass rod until all lumps have disappeared. The solid matter is then removed by centrifugation. The clear supernatant is removed for testing. A mixture of antibiotics (penicillin, streptomycin and mycostatin) is added. The fecal extract is tested on monkey kidney cells or cells from a human afterbirth, and these are examined daily for the appearance of typical destructive effects."

Now how many places in this vaccine production process did you see for unwanted and unknown virus, bacteria, rickettsia, and spore contamination to occur? Simian monkey kidneys used to make the polio vaccine during the 1950's and 60's were contaminated with the SV - 40 virus.(95 to 102) SV - 40 is a powerful immunosuppressor and can quickly turn HIV positive status into full blown AIDS. SV - 40 is considered to be a cancer-causing virus.(103) It has been found in brain tumors, leukemia, and other human cancers as well. SV - 40 is not the only known monkey virus to contaminate the polio vaccine. Dr. Hilary Koprowski, has warned congressmen that "an almost infinite number of monkey viruses" can contaminate polio vaccines.(104) It is extremely likely that these viruses contaminated vaccines in the 1950's, 60's, and 70's, before virus detection techniques were developed and refined.(105)

b) Measles vaccine - The measles vaccine may cause ataxia, learning disability, retardation, aseptic meningitis, seizure disorders, paralysis, and death. Other researchers have investigated it as a possible cause of or co - factor for multiple sclerosis, Reye's syndrome, Guillian - Barre syndrome, blood clotting disorders,, and juvenile - onset diabetes.(106)

c) Rubella vaccine - Adverse reactions to vaccine include arthritis, arthralgia, and polyneuritis.(107) Another problem is vaccine contamination with Epstein - Barr Virus, an immunological suppresser. The Epstein -Barr Virus can be passed on to adults through casual contact years after the vaccination.(108,109)

The rate of side effects among teenage girls is 5 to 10%. Among women it is greater than 30% .(110)

d) Mumps vaccine - Adverse reactions to the mumps vaccine include, itching, bruises, febrile seizures, unilateral nerve deafness, and encephalitis.(111,112)

The mumps vaccine, the measles vaccine, and the rubella vaccine are now commonly combined into what is called a MMR vaccine. I quote here directly from a MMR vaccination package insert:

" ... Fever up to 104 F., sore throat, headache, red rash, arthritis, polyneuritis (inflammation of many nerves. This damage can cause paralysis) malaise (sick feeling), abnormality of lymph nodes and swelling of same (this also occurs with blood - poisoning or any other serious body - poisoning), utricaria (hives, swollen blotches on the skin which itch and hurt), orcitis (Inflammation of testicles - may cause impotence later in life. This is mainly from the mumps vaccine.), purpura (hemorrhage into the skin, leaving a bluish disfigurement to the outer skin), throbocytopenia (disease of blood platelets), arthraigia (arthritis of the joints), convulsions (violent uncontrolled spasms such as in fits), post - vaccinal encephalitis (brain damage following vaccinations, sometimes results in insanity) swelling, redness, pain and vesiculation at the sight of injection. (Vesiculation relates to the "abnormality" or disease of the seminal vesicles, the glands at the base of the prostate gland which stores semen which is the fluid containing sperm.) "

e) DPT vaccine - The diphtheria vaccine, the pertussis vaccine, and the tetanus vaccine are combined into one vaccine called DPT vaccine. This is one of the most dangerous and deadly vaccines forced on defenseless infants and trusting ignorant sheep-like parents by the corrupt allopathic medical industry. I quote directly here from, Vaccines: Are They Really Safe And Effective? (page 36). (Ignore Ref.)

"Scientists have developed an indirect test to determine the efficacy and safety of pertussis vaccine. If the vaccine renders immunity in mice, it is considered effective in children. If the mice do not lose weight, it is presumed to be non-toxic (106).

"The pertussis vaccine may cause fever as high as 106 degrees, pain, swelling, diarrhea, projectile vomiting, excessive sleepiness, high - pitched screaming (not unlike the so - called cri encephalique, or encephalitic scream associated with central nervous system damage), inconsolable crying bouts, seizures, convulsions, collapse, shock, breathing problems, brain damage, and sudden infant death syndrome (SIDS) (107, 108). In one study, serious reactions (including grand mal epilepsy and encephalapathy) were shown to be as high as one in 600 (109). In another study it was reported that out of 15,752 shots that were administered to children, only 18 serious reaction (shock - collapse or convulsions) occurred (1 in 875). However, each child in the study received three to five shots. **Thus, approximately one out of every 200 children who received the full DPT series suffered serve reactions** (110).

"Studies show that children die at a rate eight times greater than normal within three days after getting a DPT shot (111). The three primary doses of DPT are given to infants at two months, four months, and six months. Approximately 85 percent of SIDS cases occur in the period one through six months, with the peak incidence at age two to four months (112).

"In a recent scientific study of SIDS, episodes of apnea (cessation of breathing) and hyponea (abnormally shallow breathing) were measured before and after DPT vaccinations. Cotwatch (a precise breathing monitor designed by Leif Karlsson) was used, and the computer printouts it generated (in integrals of the "weighted apnea - hypopnea density" - WAHD) were analyzed. The data clearly shows that vaccination caused an extraordinary increase in episodes where breathing either nearly ceased or stopped completely. These episodes continued periodically for months following vaccinations. **Dr. Viera Scheibnerova, the author of the study, concluded that "vaccination is the single most prevalent and most preventable cause of infant deaths"** (Figure 9) (113).

"In another study of 103 children who died of SIDS, Dr. William Torch, of the University of Nevada School of Medicine at Reno, found that more than two - thirds had been vaccinated with DPT prior to death. Of these, 6.5 percent died within 12 hours of vaccination; 13 percent within 24 hours; 26 percent within three days; and 37, 61, and 70 percent within one, two, and three weeks, respectively (Figure 10). He also found that SIDS frequencies have a bimodal peak occurrence at two and four months - the same ages when initial doses of DPT are administered to infants (114)."

Now, the ineffectiveness of the vaccine has been shown and the evidence of the danger to and damage done to infants is clear, so why have not allopathic doctors stopped DPT vaccinations? (... "do no harm" ... ; "Give no deadly medicine to anyone.")

f) Smallpox vaccine - Except for the U. S. military, smallpox vaccinations have ended world wide. The fostered public misconception is that the smallpox vaccine is a success story, that smallpox has been eradicated. The truth, as you read earlier, is that the smallpox vaccination has been banned all over the world because it is a killer with no redeeming quality. There are however, tens upon tens of million of Americans alive right now which have been vaccinated for smallpox and contaminated with only God knows how many other live viruses, bacteria, spores, and toxins. Below is described the process by which smallpox vaccine is made. If you have been vaccinated for smallpox, pay very close attention to what was done to you. If you are going into the U. S. military they are still going to give you a smallpox vaccination, " because of strategic defensive military and anti - terrorist considerations". (What a pile of crap from one of the most anal retentive organizations on the planet). If you are not going into the military you are still not safe from the smallpox vaccine. The smallpox vaccine is being currently used as the "seed" source for the virus that causes smallpox, which researchers plan to use as a biologic carrier in future recombinant live - virus vaccines. Furthermore, I quote here from the Dec. 3, 1986 , issue of the New England Journal of Medicine article: Disseminated Vaccinia in a Military Recruit with Human Immunodeficiency Virus (HIV) Disease.

"Extensive research is being conducted on recombinant live - virus vaccines in which vaccinia (the smallpox organism) is used as a biologic carrier. Recently, several groups have developed candidate recombinant HIV vaccines. Our case report raises provocative questions concerning the ultimate safety of such vaccines."

Now how is that last sentence for a highly probable understatement in light of what you have so far learned about what has gone wrong with every vaccine that has ever been used / made?

Here is the smallpox vaccine manufacturing process, I quote here from page 286 and 287 of the excellent book; Vaccination Condemned (book one) , by Elben:

"HOW SMALLPOX VACCINE IS MADE

“A calf is tied down to an operating table, the stomach is shaved from twelve to fifteen inches square, and about one hundred incisions are made. Into these incisions one drop of glycerinated lymph (a culture of smallpox passed through a solution of glycerin) is allowed to drop in and is thoroughly rubbed in. Fever sets in, and the animal becomes exceedingly sick. In a few days the vesicles appear, the scabs form, and the elimination of impurities of various kinds from the blood of the calf begins, in the form of pus, which is thrown out of the blood into the vesicles. At the end of six days the process of elimination has proceeded so far that the vesicles are full of pus, putrid cells, etc., and a scab has formed over the reservoir of disease. The inoculated area is washed with warm water, and each vesicle is clasped with clamps, separately. The crust is carefully scraped with the edge of a steel instrument and the dead skin, lymph, poisonous pus and blood that are exuded are transferred to a small crucible.

"To this toxic mass of putrid matter is added an equal measure of glycerin, and the mass is then thoroughly stirred and mixed by a small electric motor. As soon as it is rendered homogeneous, it is placed in another crucible and passed through a very fine sieve, in order to remove the coarse pieces of rotten flesh, hair, etc.; then the mixture is again stirred and thoroughly mixed, transferred to tubes, and distributed throughout the country as pure calf lymph, when in reality there is no such thing as pure lymph. It is this rotten stuff that our health boards, school boards, and family physician insist upon having introduced directly into the circulation of the blood of millions of school children every year."

To demonstrate just how potentially "useful" the smallpox vaccine or any other vaccine can be to reach the end goals of the behind the senses power elite, we need only consider the occurrence and spread of AIDS. I quote here directly from Vaccines: Are They Really Safe And Effective? (pages 49 to 51). (Ignore Ref.)

"AIDS: During the 1950's and 1960's millions of people were injected with polio vaccines that were contaminated with the SV - 40 virus (undetected in the Simian monkey organs used to prepare the vaccines) (197 to 204). SV - 40 is considered a powerful immunosuppressor and trigger for HIV - the name given to the AIDS virus. It is said to cause a clinical condition indistinguishable from AIDS, and has been found in brain tumors, leukemia, and other human cancers as well. Researchers consider it to be a cancer - causing virus (205).

"Esteemed polio researcher, Dr. Hilary Koprowski, has warned congressmen that "an almost infinite number of monkey viruses" can contaminate polio vaccines (206). In fact, the genetic sequences of some monkey viruses are as close to some strains of the AIDS virus as some strains of the AIDS virus are to each other (207). But tests to determine the existence of some of these viruses were not developed until the mid - 1980's. This makes it extremely likely that these viruses contaminated vaccines in the 1960's and 1970's, before virus detection techniques were refined (208). And at least one health official has voiced the obvious regarding our knowledge of animal viruses and the status of vaccines today: "You can't test for something if you don't know it's there (209).

"In a recent article published in the British medical journal Lancet, the author noted that the oral polio vaccine - which was also used experimentally during the mid - 1970's to treat recurrent herpes - was probably contaminated with a number of potentially dangerous retroviruses. The use of this vaccine for experimental purposes may have seeded HIV among American homosexuals (210).

"Scientists and other researchers have uncovered a link between the smallpox vaccine and AIDS. According to Dr. Robert Gallo, the chief AIDS researcher at the National Cancer Institute, "the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV." In fact, the greatest spread of HIV infection coincides with the most intense and recent smallpox vaccination campaigns. Information on the seven Central African countries most infected with AIDS - Zaire, Zambia, Tanzania, Uganda, Malawai, Ruandi, and Burundi - precisely matches WHO figures indicating the number of people vaccinated. Brazil, the only South American country included in the smallpox campaign, has the greatest incidence of AIDS on that continent (211).

"In Central Africa (where the AIDS epidemic is thought to have originated) AIDS was more evenly spread among males and females than in the West. But about 14,000 Haitians were in Central Africa on a United Nations assignment when the smallpox campaign took place. They were also vaccinated against smallpox, and began to return home at a time when Haiti had become a popular getaway for San Francisco homosexuals (212).

"In 1969, the U. S. Department of Defense sought funds from Congress to create a "synthetic biological agent, an agent that does not naturally exist and for which no natural immunity could have been acquired" (213). In a controversial article published by Health Freedom News, William Campbell Douglass, M.D., claims that this virus - the AIDS virus - was deliberately manufactured by the National Cancer Institute in collaboration with the World Health Organization (214). He supports this assertion with direct quotes from a bulletin published by WHO in 1972. Evidently, they wanted to create a hybrid virus in an attempt "to ascertain whether viruses can in fact exert selective effects on immune function (215). He describes a Dr. Theodore Strecker's research into how these organizations combined two deadly retroviruses - bovine leukemia virus (BLV) and sheep visna virus - to create the AIDS virus. (Some retroviruses may take up to 40 years to manifest.) (216). Dr. Douglass asserts that during official proceedings in 1972, WHO suggested that a useful way to study the effects of the new virus would be to put it into a vaccination program and observe the results. He and Dr. Strecker claim WHO used the smallpox vaccine for this study and chose Central Africa to begin (217).

"Needles were reused 40 to 60 times during the Central African smallpox vaccine campaign. The primary method of sterilization consisted of waving the needle across a flame. Needle - sharing contributes to the transmission of infectious disease (218).

"Note: Immoral, unethical, and illegal medical experimentation still occurs. For example, in December of 1990 a federal regulation was adopted permitting the Food and Drug Administration (FDA) to circumvent U. S. and international laws forbidding medical experiments on unwilling subjects. This regulation permits the FDA to inject American troops with un-approved experimental drugs or vaccines without their informed consent. The FDA merely needs to deem it "not feasible" to obtain the soldier's permission (219).

"Dr. William Douglass also acknowledges that AIDS was brought into the United States from Haiti by homosexuals, but implicates the hepatitis B vaccine for the sudden proliferation of AIDS in the homosexual population. (The hepatitis B vaccine exhibits the exact epidemiology as AIDS.) He notes that a Dr. W. Schmugner, head of the New York City blood bank, set up the rules for the hepatitis vaccine studies. Only males between the ages of 20 and 40, who were not monogamous, were allowed to participate. Because all vaccine recipients in the study were required to be promiscuous, Dr. Douglass speculates that there was a deliberate attempt to spread something among the population. Although this information appears fantastic, in 1981 the CDC reported that four percent of those receiving the hepatitis vaccine were AIDS infected. In 1984 the CDC acknowledged that the true figure is 60 percent. By 1987 they refused to give out any figures at all (230).

"Finally, even though several plausible theories linking vaccines to AIDS have been offered, health officials remain obstinately opposed, even hostile, to suggestions that further investigations be made. Dr. David Heymann, head of the Office of Research for the World Health Organization's Global Program on AIDS, stubbornly insisted that "any speculation on how (the AIDS virus) arose is of no importance (221). And even though the original seed stocks of the polio vaccines from the early 1960's are available, the FDA claims they were never tested, even by WHO. According to the FDA, this is because there are not enough vials of the material, and testing "might use it all up" (222).

We now have a strange mystery disease(s) called "Gulf War Syndrome". The military does not want to admit it exists and when pressed can't seem to figure out what could possibly be causing it. It is sort of a replay of the agent orange military crimes. Just how many, many years did it take the military to admit that a very small amount of dioxin was present in the agent orange spray? How long did it take the government to admit the connection between the dioxin (probably the most deadly carcinogen outside of plutonium known) and the fatal health problems of thousands of veterans? How many years before the military and FDA admit the cause of "Gulf War Syndrome" is the mandatory experimental vaccinations given to the troops or the experimental anti-nerve gas drug given to the troops or biological weapons used by Iraq and or by our own military on our own troops? Prussian Gulf troops were forced to take two experimental vaccines and the experimental anti-nerve gas drug pyridostigmine. The experimental Botulism vaccine was given to 8,000 individuals in the Persian Gulf. The experimental Anthrax vaccine was given to approximately 150,000 individuals in the Persian Gulf. And let us not forget all the other standard vaccinations and booster shots the reservist and regular troops had to take, e.g., adenoviruses, measles, rubella, bivalent influenza, trivalent poliomyelitis, tetravalent meningococcus, tetanus, and diphtheria. When dealing with high-ranking military officers, in my opinion, you are likely as not dealing with the scum of the earth.

Now in light of all of the information you have been given about vaccines, do you not think it is time to pull the plug on this allopathic medicine money-making racket? Something only greedy quacks would perpetuate despite the injury and death that vaccines regularly cause. The problem is that the great majority of the population has been sold on the lie that vaccines are safe and effective. Only those who work professionally with vaccines and/or those like myself who go to the trouble of studying the facts, know the ugly truth about vaccines.

There needs to be no more mandatory vaccinations, except for pediatricians. The pediatricians need to be given the same regimen of vaccines they have been giving the defenseless infants and young children. However, because of the body mass difference between adult pediatricians and infants and young children, the pediatricians will need to take 10 to 15 times the dose for each vaccine. Also, since the adult immune system is much more developed than that of an infant, each vaccine dose for the pediatricians should be at least doubled again. I am sure these pediatricians will be more than happy to demonstrate how safe and effective these vaccines are which they have been injecting into defenseless infants and children of other people's children.

Do you want to guess whose children are least vaccinated? That is right, the children of pediatricians. Now I wonder why that is?

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* This article was extracted from Appendix H from the paper: Dr. Rife and the Death of the Cancer Industry.

References:

43) Micheal Alderson, International Mortality Statistics (Washington, D.C. : Facts on File, 1981), p. 177-178.
44) Robert Mendelson, M.D., How To Raise A Healthy Child … In Spite of Your Doctor (Chicago: Contemporary Books, 1984), p. 228.
45) See Ref. 44, p. 210 and 228.
46) Hannah Allen, Don't Get Stuck: The Case Against Vaccinations …, (Oldsman, F1: National Hygiene Press, 1985), p. 146. Also see Ref. 47, p. 140.
47) Eleanor McBean, The Poisoned Needle, (Makelumne Hill, CA: Health Research, 1974), p. 142.
48) See Ref. 47, p. 144.
49) See Ref. 47, p. 142-145.
50) Washington Post, (Sept. 24, 1976).
51) Peter M. Strebel. Et al., Epidemiolgy of Poliomyelitis in the U.S. One Decade after the Last Reported Case of Indigenous Wild Virus Associated Disease, Clinical Infectious Diseases, (CDC, Feb. 1992), p. 568-579.
52) 20 th Immunization Conference Proceedings, Dallas, Texas, May 6-7, 1985, (U.S. Department of Health and Human Services, Oct. 1985), p. 85.
53) Hearings before the Committee on Interstate and Foreign Commerce, House of Rep., 87 th Congress, 2 nd Session on HR 10541, May 1962, p. 94-112.
54) Christopher Kent, D.C. Ph.D., Drugs, Bugs, and Shots in the Dark, Health Freedom News, (January 1983) p. 26.
55) See Ref. 43, p. 161-162.
56) Richard Moskowitz, M.D., Immunizations: The Other Side, Mothering (Spring 1984), p. 36.
57) Patrica Savage, A Mother's Research on Immunizations, Mothering (Fall 1979), p. 76.
58) See Ref. 56, p. 35.
59) Eleanor McBean, Ph.D., Vaccinations Do Not Protect, (Manachaca, TX; Health Excellence Systems, 1991), p. 8.
60) See Ref. 47, p. 19.
61) See Ref. 59.
62) November 20-21, 1975, Minutes of the 15 th Meeting of the Panel of Review of Bacterial Vaccines and Toxoids with Standards and Potency, (presented by the Bureau of Biologics and the Food and Drug Administration).
63) See Ref. 56, p. 34.
64) See Ref. 44, p. 214-215.
65) See Ref. 56, p. 34.
66) See Ref. 44, p. 216.
67) J. Cherry, The New Epidemiology of Measles and Rubella, Hospital Practice, (July 1980), p. 49.
68) National Health Federation Bulletin, (Nov. 1969), Also see Ref. 44, p. 216.
69) FDA Workshop to Review Warnings, Use Instructions, and Precautionary Information (on Vaccines), (Rockland, Maryland, Sept. 18, 1992), p. 27.
70) John A. Frank, Jr., M.D., et al., Measles Elimination – Final Impediments, 20 th Immunization Conference Proceedings, May 6-9, 1985, p. 21.
71) Morbidity and Mortality Weekly Report, (U.S. Govt., June 6, 1986).
72) Morbidity and Mortality Weekly Report, (U.S. Govt., Dec. 29, 1989).
73) Robert S. Mendelson, M.D., But Doctor, About That Shot … The Risks of Immunizations and How to Avoid Them, (Evanston, IL. : The People's Doctor Newsletter, Inc. 1988, p. 12.
74) See Ref. 73, p. 4.
75) See Ref. 73, p. 31.
76) Dr. B. Allan, Australian J. of Medical Technology. 4, (1973), p. 26-27.
77) M. Lawless, et al., Rubella Susceptibility in Sixth-Graders, Pediatrics, 65 (June 1980), p. 1086-1089.
78) See Ref. 44, p. 218.
79) See Ref. 44, p. 213 and Ref. 69, p. 29-30.
80) R. Moskowitz, Unvaccinated Children, Mothering (Win. 1987) p. 36.
81) See Ref, 56, p. 35.
82) Roxanne Banks, A Mother Researches Immunization, Mothering (Summer 1980), p. 41.
83) See Ref. 73, p. 41.
84) See Ref. 73, p. 41.
85) See Ref. 56.
86) See Ref. 44, p. 219.
87) S.A. Halperin, et al., Persistence of Pertussis in an Immunized Population: Results of the Nova Scotia Enhanced Pertussis Surveilance Program, Journal of Pediatrics (Nov. 1989), p. 686-693.
88) See Ref. 56.
89) See Ref. 87.
90) M.E. Pichichero, et al., Diphtheria-Pertussis-Tetanus Vaccine: Reactogenicity of Commercial Products, Pediatrics (Feb. 1979), p. 256-260.
91) Medicalo Tribune (January 10, 1979), p. 1.
92) Whooping Cough, the DPT Vaccine and Reducing Vaccine Reactions (Vienna, VA., National Vaccine Information Center 1989), p. 3.
93) See Ref. 52. p. 83-84.
94) Vaccine Bulletin (Feb. 1987), p. 11.
95) B.L. Horvath, et al., Excretion of SV-40 virus after oral administration of contaminated polio vaccine, Acta Microbiologica Hungary, 11, p. 271-275.
96) Arthur J. Snider, Near Disaster with the Salk Vaccine, Science Digest (1963).
97) Division of Biologics Standards: The Boat That Never Rocked, Science, (March 17, 1972).
98) WilliaM Bennett, The Atlantic Monthly, (Harvard University Press: Feb. 1976).
99) Eva Lee Snead, M.D., AIDS – Immunization Related Syndrome, Health Freedom News,)July 1987), p. 1.
100) William Campbell Douglass, M.D., WHO Murdered Africa, Health Freedom News, (Sept. 1987), p. 42.
101) Walter S. Kyle, Simian Retroviruses, Polio Vaccine, and Origin of AIDS, Lancet, (March 7, 1992), p. 600-601.
102) Tom Curtis, The Origin of AIDS: A Startling New Theory Attempts to Answer the Question, Was it an Act of God or an Act of Man, Rolling Stone, (March 19, 1992), p. 54+.
103) See Ref. 102, p. 57, Also see Ref. 74, p. 73 and 79; and Walene James, Immunization: The Reality Behind the Myth, (Bergin and Garvey, 1988), p. 14-15.
104) See Ref. 102, p. 58-59.
105) Tom Curtis, Expert Says Test Vaccine, The Houston Post, (March 22, 1992), p. 21.
106) See Ref. 44, p. 215.
107) See Ref. 44 p. 217-218.
108) Dr. Allen D. Allen, Is RA 27/3 a Cause of Chronic Fatigue?, Medical Hypothesis, 27(1988), p. 217-220.
109) Dr. A.D. Lieberman, The role of the Rubella Virus in the Chronic Fatigue Syndrome, Clinical Ecology, Vol. 7, No. 3, p. 51-54.
110) See Ref. 46, p. 144.
111) See Ref. 44, p. 214.
112) Jane Mc Donald, et al., Clinical and Epidemiological Features of Mumps Meningo - Encephalitis and Possible Vaccine – Related Disease, Pediatric Infectious Disease Journal (Nov. 1989), p. 751-754.

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